



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PORTER REGIONAL HOSPITAL

City of Hospital: Valparaiso

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Sarah Keane

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Medicare Provider Number: 15-0035

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$828523024
Outpatient Patient Service Revenue	\$836801089
Total Gross Patient Service Revenue	\$1665324113

2. Deductions From Revenue

Contractual Allowance	\$1329831680
Other Deductions	\$0
Total Deductions	\$1329831680

3. Total Operating Revenue

Net Patient Service Revenue	\$335492433
Other Operating Revenue	\$1405937
Total Operating Revenue	\$336898370

4. Operating Expenses

Salaries and Wages	\$85853834	Employee Benefits	\$20264605
Depreciation and Amortization	\$17011420	Interest Expense	\$9818312
Bad Debt	\$28705886	Other Expenses	\$136838195
Total Operating Expenses	\$298492252		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$38406118	Total Assets	\$295892848
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$5673166

Total Net Gains	\$38406118
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$681675363	\$592029399	\$89645964
Medicaid	\$146818872	\$129508849	\$17310023
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$836829878	\$608293432	\$228536446
Total	\$1665324113	\$1329831680	\$335492433

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$123584	\$-123584

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$136316	\$-136316
Hospital Patients	\$0	\$326242	\$-326242
Community Education	\$0	\$296500	\$-296500

Number of Medical Professionals Trained	428
Number of Hospital Patients Educated	13387
Number of Citizens Exposed to Health Education Messages	216363

Statement Six: Charity Statement

Hospital Charity Charges	\$2988654
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$41773477	
HCI Payments	\$0		
Subtotal	\$0	\$41773477	\$-41773477
Medicaid Shortfalls	\$17043333	\$21441760	
Subtotal	\$17043333	\$63215237	\$-46171904
DSH Payments	\$0		
Subtotal	\$17043333	\$63215237	\$-46171904
Medicare Shortfalls	\$98574972	\$125200739	
Other Government Programs	\$0	\$0	
Total	\$115618305	\$188415976	\$-72797671

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$3075889	\$-3075889
Other Allocations	\$0	\$0	\$0

Comments

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